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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/699.224-Conf. #8386</td> </tr> <tr> <td>Filing Date</td> <td>October 27, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Peter A. Rice</td> </tr> <tr> <td>Title</td> <td>PEPTIDE MIMICS OF CONSERVED GONOCOCCAL EPITOPES AND</td> </tr> <tr> <td>Art Unit</td> <td>1645</td> </tr> <tr> <td>Examiner Name</td> <td>S. J. Devi</td> </tr> <tr> <td>Attorney Docket No.</td> <td>U0120.70042US00</td> </tr> </table>	Application Number	09/699.224-Conf. #8386	Filing Date	October 27, 2000	First Named Inventor	Peter A. Rice	Title	PEPTIDE MIMICS OF CONSERVED GONOCOCCAL EPITOPES AND	Art Unit	1645	Examiner Name	S. J. Devi	Attorney Docket No.	U0120.70042US00
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23628

OR

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
James P. McNamara	11/3/10
Name	Telephone
Title and Company	
James P. McNamara, Ph.D. Exec. Director, OTM, UMass Medical School	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.